MERCY MANOR TRANSITION CENTER PO BOX 5003 1000 MINERAL PT RD

JANESVILLE 53547 Phone: (608) 756-6050 Ownership: Non-Profit Corporation
Operated from 1/1 To 12/31 Days of Operation: 366 Highest Level License: Skilled
Operate in Conjunction with Hospital? Yes Operate in Conjunction with CBRF? No

Number of Beds Set Up and Staffed (12/31/04): 27 Title 18 (Medicare) Certified? Yes Total Licensed Bed Capacity (12/31/04): 28 Title 19 (Medicaid) Certified? No Number of Residents on 12/31/04: 12 Average Daily Census: 18

Services Provided to Non-Residents	Age, Gender, and Primary Di	agnosis	12/31/04)	Length of Stay (12/31/04) %			
Home Health Care Supp. Home Care-Personal Care	No No	   Primary Diagnosis 	*	Age Groups	~ %	   Less Than 1 Year   1 - 4 Years	91.7
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	   Under 65	8.3	1 - 4 lears   More Than 4 Years	8.3
Day Services	No	Mental Illness (Org./Psy)	8.3	65 - 74	16.7		
Respite Care	No	Mental Illness (Other)	0.0	75 - 84	41.7		100.0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	25.0	*********	*****
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	8.3	Full-Time Equivalent	
Congregate Meals	No	Cancer	8.3			Nursing Staff per 100 Res:	idents
Home Delivered Meals	No	Fractures	66.7		100.0	(12/31/04)	
Other Meals	No	Cardiovascular	0.0	65 & Over	91.7		
Transportation	No	Cerebrovascular	0.0			RNs	57.1
Referral Service	No	Diabetes	8.3	Gender	%	LPNs	18.8
Other Services	No	Respiratory	8.3			Nursing Assistants,	
Provide Day Programming for		Other Medical Conditions	0.0	Male	33.3	Aides, & Orderlies	85.8
Mentally Ill	No			Female	66.7		
Provide Day Programming for			100.0				
Developmentally Disabled	No				100.0		
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## Method of Reimbursement

		edicare			dicaid tle 19			Other			Private Pay	: 		amily Care		1	Managed Care	l 		
Level of Care	No.	96	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	Total Resi- dents	- Of
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Skilled Care	10	100.0	310	0	0.0	0	0	0.0	0	1	100.0	231	0	0.0	0	1	100.0	250	12	100.0
Intermediate				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care							0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care							0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depender	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	10	100.0		0	0.0		0	0.0		1	100.0		0	0.0		1	100.0		12	100.0

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Admissions, Discharges, and	Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/04									
Deaths During Reporting Period										
				:	% Needing		Total			
Percent Admissions from:		Activities of	ક	Asa	sistance of	% Totally	Number of			
Private Home/No Home Health	2.5	Daily Living (ADL)	Independent	One	Or Two Staff	Dependent	Residents			
Private Home/With Home Health	1.7	Bathing	0.0		75.0	25.0	12			
Other Nursing Homes	0.6	Dressing	8.3		66.7	25.0	12			
Acute Care Hospitals	94.1	Transferring	8.3		66.7	25.0	12			
Psych. HospMR/DD Facilities	0.0	Toilet Use	8.3		66.7	25.0	12			
Rehabilitation Hospitals	0.0	Eating	83.3		16.7	0.0	12			
Other Locations	1.1	*******	* * * * * * * * * * * * * * *	****	******	*******	******			
Total Number of Admissions	356	Continence		ક	Special Treatme	ents	8			
Percent Discharges To:		Indwelling Or Extern	nal Catheter	16.7	Receiving Res	spiratory Care	0.0			
Private Home/No Home Health	22.4	Occ/Freq. Incontiner	nt of Bladder	16.7	Receiving Tra	acheostomy Care	0.0			
Private Home/With Home Health	41.8	Occ/Freq. Incontiner	nt of Bowel	25.0	Receiving Suc	ctioning	0.0			
Other Nursing Homes	8.3				Receiving Ost	comy Care	0.0			
Acute Care Hospitals	16.1	Mobility			Receiving Tub	oe Feeding	0.0			
Psych. HospMR/DD Facilities	0.0	Physically Restraine	ed	0.0	Receiving Med	chanically Altered Diet	s 16.7			
Rehabilitation Hospitals	0.0									
Other Locations	8.0	Skin Care			Other Resident	Characteristics				
Deaths	3.3	With Pressure Sores		8.3	Have Advance	Directives	75.0			
Total Number of Discharges		With Rashes		0.0	Medications					
(Including Deaths)	361				Receiving Psy	choactive Drugs	16.7			

Selected Statistics: This Hospital-Based Facility Compared to Similar Facilities & Compared to All Facilities

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This Other Hospital-A11 Facility Based Facilities Facilties % Ratio % Ratio % 64.3 91.7 0.70 88.8 0.72 Occupancy Rate: Average Daily Census/Licensed Beds Current Residents from In-County 66.7 85.3 0.78 77.4 0.86 Admissions from In-County, Still Residing 2.2 14.1 0.16 19.4 0.12 146.5 13.50 Admissions/Average Daily Census 1977.8 213.7 9.26 Discharges/Average Daily Census 214.9 9.33 148.0 13.55 2005.6 Discharges To Private Residence/Average Daily Census 1288.9 119.8 10.76 66.9 19.26 Residents Receiving Skilled Care 100.0 96.2 1.04 89.9 1.11 Residents Aged 65 and Older 91.7 90.7 1.01 87.9 1.04 Title 19 (Medicaid) Funded Residents 0.0 66.8 0.00 66.1 0.00 Private Pay Funded Residents 8.3 22.6 0.37 20.6 0.41 Developmentally Disabled Residents 0.0 1.4 0.00 6.0 0.00 Mentally Ill Residents 8.3 32.7 0.26 33.6 0.25 General Medical Service Residents 21.1 0.00 0.0 22.0 0.00 Impaired ADL (Mean)\* 50.0 49.1 1.02 49.4 1.01 Psychological Problems 16.7 53.5 0.31 57.7 0.29 Nursing Care Required (Mean)\* 3.1 7.4 0.42 7.4 0.42